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10/10/2007

UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS

MICHAEL W. DOBBINS

MICHAEL W. DOBBING CLERK, U.S. DISTRICT COURT

IN FORMA PAUPERIS APPLICATION AND FINANCIAL AFFIDAVIT

ROY SWAJTH
Plaintiff

Amount

08CV 4227 JUDGE KENDALL

MAGISTRATE JUDGE COLE Wherever □ is included, please place an X into whichever box applies. Wherever the answer to any question requires more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT: , declare that I am the Aplaintiff Opetitioner Omovant) in the above-entitled case. This affidavit constitutes my application [] to proceed (other without full prepayment of fees, or \(\square\) in support of my motion for appointment of counsel, or \(\subseteq \) oth. I also declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the following questions under penalty of periury: (If "No," go to Question 2) 1. Are you currently incarcerated? □Yes Name of prison or jail: Do you receive any payment from the institution?

\[
\textstyle \ Monthly amount: 2. Are you currently employed? □Yes Monthly salary or wages: Name and address of employer: If the answer is "No": Я. Date of last employment: D.C. GEIS GORTH Monthly salary or wages: Name and address of last employer: b. ПМб Are you married? □Yes Spouse's monthly salary or wages: Name and address of employer: 3. Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same residence received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category. □No

Received by

b. ☐ Business, ☐ pro Amount None	ofession or 🗆 other self-employment Received by	□Yes	□No
c. ☐ Rent payments Amount NONE	, □ interest or □ dividends Received by	□Yes	□No
	ocial security, [] annuities, [] life insura unemployment, [] welfare, [] alimony or r	naintenance or 🗆	child support
Amount & 1052	Received by ROY SUD [etYes }∪{ t	□No
e. ☐ Gifts or ☐ inh Amount None	eritances Received by	□Yes	□No
f. DAny other source	ces (state source:Received by	_) □Yes	□No
savings accounts?	iving at the same residence have more that	al amount: —	r checking or
In whose name held:	Relationship to you	u:	
financial instruments?	living at the same residence own any sto	□Yes	rities or other ETNo
Property: In whose name held:	Current Value: Relationship to yo	u:	
condominiums, cooperat	living at the same residence own any retives, two-flats, three-flats, etc.)?	∐Yes	s, apartments, ⊞No
Type of property:	Current value: Relationship to you:		
In whose name held: Amount of monthly mort	gage or loan payments:		
Name of person making p	ayments:		
	iving at the same residence own any autor personal property with a current market ve		
Property:		1.00	
Current value:			
In whose name held:	Relationship to y	ou:	
List the persons who are indicate how much you c	dependent on you for support, state your contribute monthly to their support. If non-	relationship to ea e, check here	ch person and To dependent
 	,		

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue. Roy SUDOUTH

NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

CERTIFICATE (Incarcerated applicants only) (To be completed by the institution of incarceration)

I certify the	at the applicant named herein,	,I.D.#	has the sum of
\$	on account to his/her credit	t at (name of institution)	
I further co	ertify that the applicant has the follo	owing securities to his/her credit:	I further
certify tha	t during the past six months the ap	plicant's average monthly deposit was	\$
(<u>Add</u> all de	eposits from all sources and then di	ivide by number of months).	
D	ATE	SIGNATURE OF AUTHORIZED OFFICER	
		(Print name)	

rev. 10/10/2007